

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee For Period March 1 to March 31, 2010.

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	{ }	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	{ }	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	{ }	Cash Receipts & Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	{ }	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	{ }	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	{ }	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 4-23-10
(date)

Debtor(s)*: Prevalence Health, LLC

By:**

Position:

Name of preparer:

Telephone No. of Preparer 601-981-0070 ext 233

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NAME: Prevalence Health
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

ASSETS:	Filing Date	Month 12/31/09	Month 1/31/10	Month 2/28/10	Month 3/31/10	Month	Month
CURRENT ASSETS:							
Cash.....		1,676,083	1,685,525	1,484,147	1,388,697		
Accounts Receivable, Net.....		294,528	292,998	293,506	293,114		
Inventory, at lower of cost or market.....							
Prepaid expenses & deposits.....							
Other <u>Receivable from Sale of Assets</u>							
TOTAL CURRENT ASSETS.....		2,065,210	2,083,009	1,875,701	1,781,267		
PROPERTY, PLANT & EQUIPMENT.....							
Less accumulated depreciation.....							
NET PROPERTY, PLANT & EQUIPMENT.....							
OTHER ASSETS							
<u>Deposits</u>		56,726	55,733	55,733	55,733		
TOTAL OTHER ASSETS.....							
<u>TOTAL ASSETS</u>		2,121,953	2,138,742	1,931,442	1,837,000		

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

FORM 2-B
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* Account contains approximately \$187,768 that related to funds received for payment of post-acquisition receivables into Prevalence's account that is owed to SafeMeds. The offset is in Accruals, which includes a liability to SafeMeds of the same amount.

CASE NAME: Prevalence Health LLC
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

ASSETS:

	Filing Date	Y-	Month	Month	Month	Month	Month	Month	Month	Month	Month
CURRENT ASSETS:											
Cash.....	5/31/09	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09	12/31/09	1/31/10	2/28/10	3/31/10
Accounts Receivable, Net.....	\$20,958	614,562	513,396	406,712	417,638	611,481	670,134	670,134	670,134	670,134	670,134
Inventory, at lower of cost or market.....	910,787	841,357	723,450	807,823	754,398	333,169	277,976	277,976	277,976	277,976	277,976
Prepaid expenses & deposits.....	369,452	372,870	402,769	400,476	0	0	0	0	0	0	0
Other Receivable from Sale of Assets.....	118,110	151,593	170,837	139,406	122,958	82,054	82,448	82,448	82,448	82,448	82,448
					④ 934,185	④ 934,185	④ 934,185	④ 934,185	④ 934,185	④ 934,185	④ 934,185
TOTAL CURRENT ASSETS.....	2019 337	2002 263	1,960,452	1,754,419	2,249,179	1,980,929	1,984,743	1,984,743	1,984,743	1,984,743	1,984,743
PROPERTY, PLANT & EQUIPMENT.....	2,380,097	2,336,097	2,386,067	2,386,096	0	0	0	0	0	0	0
Less accumulated depreciation.....	(2,244,323)	(2,255,093)	(2,261,584)	(2,261,741)	0	0	0	0	0	0	0
NET PROPERTY, PLANT & EQUIPMENT.....	141,769	133,004	124,593	116,352	0	0	0	0	0	0	0
OTHER ASSETS, Deposits.....	48,192	54,193	56,762	56,762	56,726	56,726	56,726	56,726	56,726	56,726	56,726
TOTAL OTHER ASSETS.....	43192	54193	56,762	56,762	56,726	56,726	56,726	56,726	56,726	56,726	56,726
TOTAL ASSETS.....	2,209,293	2,185,600	2,041,771	1,927,497	2,305,908	2,037,655	2,011,469	2,011,469	2,011,469	2,011,469	2,011,469

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

* Adjustments from May 31 to June 9 are not available.

** Reflects both disputed charges billed to Prevalence and amounts reimbursed by SafeMeds.

(A) Effective 9/30/2009, Debtor sold the majority of its assets. This amount represents the monies due the Seller from the Buyer at closing on 10/6/2009.

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CASE NAME: Pervulence Health
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:	Filing Date	Month	Month	Month	Month	Month	Month	Month
	12/31/09	1/31/10	2/28/10	3/31/10				
POST-PETITION LIABILITIES:								
Taxes payable (Form 2-E, pg.1 of 3).....	0	0	0	0				
Accounts payable (Form 2-E, pg.1 of 3).....	92,715	92,140	98,765	98,764				
Other: <u>Misc. Accruals</u>	206,887	231,038	112,386	460,433				
TOTAL POST-PETITION LIABILITIES:	299,602	329,178	211,151	144,807				
PRE-PETITION LIABILITIES:								
Notes payable - secured.....								
Priority debt.....								
Unsecured debt								
Other.....								
TOTAL LIABILITIES.....	5,894,175	5,924,825	5,806,172	5,739,829				
EQUITY (DEFICIT)	5,994,425	5,994,125	5,994,125	5,994,125				
PREFERRED STOCK.....	(963,425)							
COMMON STOCK.....								
RETAINED EARNINGS:								
Through filing date.....	(9,635,427)	(9,635,427)	(9,635,427)	(9,635,427)				
Post filing date.....	(130,880)	(144,131)	(233,428)	(261,527)				
TOTAL EQUITY (NET WORTH).....	(3,772,182)	(3,786,083)	(3,814,733)	(3,902,829)				
TOTAL LIABILITIES & EQUITY.....	2,121,993	2,138,742	1,931,442	1,837,000				

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:	Filing Date #	Month	Month	Month	Month	Month	Month
POST-PETITION LIABILITIES:							
Taxes payable (Form 2-B, pg.1 of 3).....							
Accounts payable (Form 2-B, pg.1 of 3).....	94,609	90,953	108,112	132,644	109,293	93,036	***
Other: <u>Accrued Payroll Vacation</u>	135,461	105,736	97,255	240,515	19,119	75,736	***
TOTAL POST-PETITION LIABILITIES:	239,070	196,689	205,367	313,216	128,412	168,772	
PRE-PETITION LIABILITIES:							
Notes payable - secured.....							
Priority debt.....							
Unsecured debt.....	5,732,291	5,730,550	5,657,643	5,612,235	5,551,453	5,591,420	
Other.....							
TOTAL LIABILITIES:	5,850,600	5,822,361	5,822,239	5,843,010	5,985,451	5,717,865	5,766,192
EQUITY (DEFICIT)							
PREFERRED STOCK.....							
COMMON STOCK.....							
RETAINED EARNINGS:							
Through filing date.....	5,635,427	5,635,427	5,635,427	5,635,427	5,635,427	5,635,427	(5,635,427)
Post filing date.....	5,131,499	5,244,166	5,294,211	5,38,244	5,38,988	5,83,421	
TOTAL EQUITY (NET WORTH):	(3,441,302)	(3,772,801)	(3,885,468)	(3,935,513)	(3,679,546)	(3,620,210)	(3,724,723)
TOTAL LIABILITIES & EQUITY:	2,209,258	2,189,540	2,041,771	1,927,497	2,305,90524307,655	2,041,469	

* Adjustments from May 31 to June 9 are not available.

** Included amounts billed to Prevalence that are disputed by Prevalence

*** Includes amounts owed to SafeMeds that were paid to Prevalence

CASE NAME: Prestence Health
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month	Month	Month	Month	Month	Month	Month
1st 1/09 - 12/31/09	1/10 - 1/31/10	2/1/10 - 2/28/10					
<u>NET REVENUE</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>COST OF GOODS SOLD:</u>							
Material	<u>33760</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Labor - Direct.....							
Manufacturing Overhead.....							
<u>TOTAL COST OF GOODS SOLD:</u>	<u>33760</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>GROSS PROFIT:</u>	<u>(33760)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>OPERATING EXPENSES:</u>							
Selling and Marketing.....							
General and Administrative (rents, utilities, salaries, etc.)	<u>13,150</u>	<u>13,901</u>	<u>\$3,647</u>	<u>28,099</u>	<u>28,953</u>	<u>0</u>	<u>0</u>
Other _____							
<u>TOTAL OPERATING EXPENSES:</u>	<u>13,150</u>	<u>13,901</u>	<u>\$8,647</u>	<u>28,099</u>	<u>28,953</u>	<u>0</u>	<u>0</u>
<u>INTEREST EXPENSE:</u>	<u>549</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>INCOME BEFORE DEPRECIATION OR TAXES:</u>	<u>(47,459)</u>	<u>(13,901)</u>	<u>< \$86,47)</u>	<u>(28,099)</u>	<u>(28,953)</u>	<u>0</u>	<u>0</u>
<u>DEPRECIATION OR AMORTIZATION:</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>EXTRAORDINARY EXPENSES *</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>INCOME TAX EXPENSE (BENEFIT):</u>							
<u>NET INCOME (LOSS) :</u>	<u>(47459)</u>	<u>(13901)</u>	<u>< \$86,47)</u>	<u>(28,099)</u>	<u>(28,953)</u>	<u>0</u>	<u>0</u>

*Requires explanation in NARRATIVE (Form 2-F)

- * Cost of sales for SafeMeds' benefit – reimbursed by SafeMeds
- ** Includes COS expenses for SafeMeds – reimbursed by SafeMeds, plus disputed billings by third parties.

FORM 2-C
1/08

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month # Sales - Glucose	Month 7/1/09 - 7/31/09	Month 8/1/09 - 8/31/09	Month 9/1/09 - 9/30/09	Month 10/1/09 - 10/31/09	Month 11/1/09 - 11/30/09	Month 12/1/09 - 12/31/09
NET REVENUE:	1,234,205	1,136,933	1,051,634	980,153	49,570	0	0
COST OF GOODS SOLD:	1,028,341	948,373	880,562	816,815	31,379	2,125	0
Material.							
Labor-Direct.							
Manufacturing Overhead.							
TOTAL COST OF GOODS SOLD:	1,028,341	948,373	880,562	816,815	31,379	2,125	0
GROSS PROFIT:	205,864	188,560	171,122	66,282	18,191	1,225	0
OPERATING EXPENSES:							
Selling and Marketing:							
General and Administrative (rents, utilities, salaries, etc.)	328.598	291.324	211.439	205.451	46.513	45.536	**
Other _____							
TOTAL OPERATING EXPENSES:							
INTEREST EXPENSE:							
INCOME BEFORE DEPRECIATION OR TAXES:	81,734	404,255	41,805	(136,728)	(225,609)	44,213	0
DEPRECIATION OR AMORTIZATION:	8165	8412	8240	7955	0	0	0
INCOME TAX EXPENSE (BENEFIT):							
NET INCOME (LOSS):	(131,499)	(112,667)	(50,045)	255,967	(664)	44,513	0

* Requires explanation in NARRATIVE (Form 2-F)

* Adjustments from May 31 to June 9 are not available.

** Reflects both disputed charges billed to Prevalence and amounts reimbursed by SafeMeds.

(B) Effective 9/30/2009, Debtor sold the majority of its assets. This amount represents the monies due the Seller from the Buyer at closing on 10/6/2009.

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period Mar 1 to Mar 31, 2010

CASH RECONCILIATION

1. Beginning Cash Balance (Ending Cash Balance from last month's report)	<u>\$ 1484147</u>
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's)	<u>\$ 512 436</u>
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's)	<u>\$(607 886)</u>
4. Net Cash Flow	<u>\$ (95,450)</u>
5. Ending Cash Balance (to FORM 2-B)	<u>\$ 1,388,697</u>

CASH SUMMARY - ENDING BALANCE

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$	
2. <u>Trust Account DIP Acct +</u>	<u>\$ 38</u>	<u>Ferguson</u>
3. Operating and/or Personal Account	<u>\$ 451,584</u>	<u>Ferguson</u>
4. Payroll Account	\$	
5. Tax Account	\$	
6. Other Accounts (Specify checking or savings) <u>Sale proceeds min Aut</u>	<u>\$ 931,075</u>	<u>Ferguson</u>
7. Cash Collateral Account	\$	
8. Petty Cash	\$	
TOTAL (must agree with line 5 above)	<u>\$ 1,388,697</u>	

*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

ADJUSTED CASH DISBURSEMENTS

Cash disbursements on Line 3 above less
inter-account transfers & UST fees paid \$ 601,386 *

* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

QUARTERLY FEE SUMMARY

MONTH ENDED _____

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 499,937			
February	\$ 263,379			
March	\$ 601,386			
Total				
1st Quarter	\$ 1,864,702	\$ 6,500		
April	\$ _____			
May	\$ _____			
June	\$ _____			
Total				
2nd Quarter	\$ _____	\$ _____		
July	\$ _____			
August	\$ _____			
September	\$ _____			
Total				
3rd Quarter	\$ _____	\$ _____		
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

*Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Pewaukee Health CASE NUMBER: 09-02016-ee

QUARTERLY FEE SUMMARY

MONTH ENDED _____

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ <u>525,337</u>			
Total				
2nd Quarter	\$ <u>525,337</u>	\$ <u>4,875</u> *		<u>7/20/09</u>
July	\$ <u>1,309,312</u>			
August	\$ <u>1,70,434</u>			
September	\$ <u>920,721</u>			
Total				
3rd Quarter	\$ <u>3,300,467</u>	\$ <u>10,400</u>	<u>61390</u>	<u>10/16/09</u>
October	\$ <u>488,995</u>			
November	\$ <u>472,141</u>			
December	\$ <u>606,081</u>			
Total				
4th Quarter	\$ <u>1,567,217</u>	\$ <u>6,500</u>	<u>61430</u>	<u>3/8/10</u>

* Actually Paid
6,500

* Actually paid \$8,775
to make up
for overpayment
in 2nd Qtr.

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

* Note: **should** agree with "adjusted cash disbursements" at bottom of **Form 2-D, Page 1 of 4**. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Mar 1 to Mar 31, 20Q

Account Name: Prevalence Health Account Number: 9001277 993

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
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See Attached

Total Cash Receipts \$ 511.582

Prevalence Health LLC
Cash Deposits

Type	Date	Description / Source	Amount
Deposit	3/1/2010	Insurance / Medicaid / Medicare	\$10,181.50
Deposit	3/2/2010	Insurance / Medicaid / Medicare	\$20,389.93
Deposit	3/2/2010	Insurance / Medicaid / Medicare	\$12,134.14
Deposit	3/3/2010	Insurance / Medicaid / Medicare	\$13.56
Deposit	3/3/2010	Patient Co-Pay	\$155.29
Deposit	3/3/2010	Patient Co-Pay	\$204.20
Deposit	3/4/2010	Patient Co-Pay	\$40.00
Deposit	3/4/2010	Insurance / Medicaid / Medicare	\$173.38
Deposit	3/4/2010	Patient Co-Pay	\$311.00
Deposit	3/4/2010	Insurance / Medicaid / Medicare	\$690.65
Deposit	3/4/2010	Insurance / Medicaid / Medicare	\$12,604.54
Deposit	3/4/2010	Insurance / Medicaid / Medicare	\$20,816.63
Deposit	3/5/2010	Patient Co-Pay	\$139.44
Deposit	3/5/2010	Insurance / Medicaid / Medicare	\$12,403.45
Deposit	3/8/2010	Patient Co-Pay	\$89.40
Deposit	3/8/2010	Insurance / Medicaid / Medicare	\$15,295.16
Deposit	3/9/2010	Patient Co-Pay	\$39.00
Deposit	3/9/2010	Patient Co-Pay	\$2,560.52
Deposit	3/9/2010	Insurance / Medicaid / Medicare	\$31,568.40
Deposit	3/10/2010	Patient Co-Pay	\$20.00
Deposit	3/11/2010	Patient Co-Pay	\$77.00
Deposit	3/11/2010	Insurance / Medicaid / Medicare	\$5,505.50
Deposit	3/11/2010	Insurance / Medicaid / Medicare	\$79,048.43
Deposit	3/12/2010	Insurance / Medicaid / Medicare	\$20,493.96
Deposit	3/15/2010	Patient Co-Pay	\$62.00
Deposit	3/15/2010	Patient Co-Pay	\$574.88
Deposit	3/15/2010	Insurance / Medicaid / Medicare	\$8,501.96
Deposit	3/16/2010	Insurance / Medicaid / Medicare	\$191.55
Deposit	3/16/2010	Patient Co-Pay	\$923.84
Deposit	3/16/2010	Insurance / Medicaid / Medicare	\$36,875.15
Deposit	3/17/2010	Patient Co-Pay	\$29.00
Deposit	3/18/2010	Patient Co-Pay	\$87.64
Deposit	3/18/2010	Insurance / Medicaid / Medicare	\$1,011.95
Deposit	3/18/2010	Insurance / Medicaid / Medicare	\$4,916.55
Deposit	3/18/2010	Insurance / Medicaid / Medicare	\$18,765.05
Deposit	3/19/2010	Patient Co-Pay	\$1,243.55
Deposit	3/19/2010	Insurance / Medicaid / Medicare	\$11,394.84
Deposit	3/22/2010	Insurance / Medicaid / Medicare	\$11,466.96
Deposit	3/23/2010	Insurance / Medicaid / Medicare	\$42,619.24
Deposit	3/23/2010	Insurance / Medicaid / Medicare	\$4,136.12
Deposit	3/24/2010	Patient Co-Pay	\$2,122.94
Deposit	3/25/2010	Patient Co-Pay	\$100.00
Deposit	3/25/2010	Patient Co-Pay	\$401.60
Deposit	3/25/2010	Insurance / Medicaid / Medicare	\$1,526.81
Deposit	3/25/2010	Insurance / Medicaid / Medicare	\$11,779.14
Deposit	3/25/2010	Insurance / Medicaid / Medicare	\$23,154.00
Deposit	3/25/2010	Insurance / Medicaid / Medicare	\$11,400.34

Deposit	3/26/2010	Patient Co-Pay	\$4.00
Deposit	3/26/2010	Patient Co-Pay	\$108.58
Deposit	3/26/2010	Insurance / Medicaid / Medicare	\$14,188.87
Deposit	3/26/2010	Insurance / Medicaid / Medicare	\$16,287.77
Deposit	3/29/2010	Patient Co-Pay	\$3.40
Deposit	3/29/2010	Insurance / Medicaid / Medicare	\$15,825.97
Deposit	3/31/2010	Insurance / Medicaid / Medicare	\$3,825.38
Deposit	3/31/2010	Insurance / Medicaid / Medicare	\$6,829.59
Deposit	3/31/2010	Insurance / Medicaid / Medicare	\$1,717.40
Deposit	3/31/2010	Insurance / Medicaid / Medicare	<u>\$14,550.66</u>

\$511,581.81

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Mar 1 to Mar 31, 2010

Account Name: Prevalence Health Account Number: 9001877993

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

See Attached

Total Cash Disbursements \$ 607.86

*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

Prevalence Health LLC

Cash Disbursements

Date	Amount	Description	Amount
3/2/2010	Wire 3/2/2010	Regions Bank	Bank Fees (\$67.64)
3/4/2010	Wire 31412010	SafeMeds Solutions	AR Collections Reimbursement (\$113,429.57)
3/8/2010	Wire 3/8/2010 1	Pitney Bowes-INTERNAL USE ONLY	Exp Reimb by Safemeds (\$200.00)
3/8/2010	Wire 3/8/2010 2	Netsuite, Inc.	Accounting Software (\$4,608.00)
3/8/2010	61430	U.S. Trustee	US Trustee Fees (\$6,500.00)
3/9/2010	Wire 3/9/2010 1	Regions Bank	Bank Fees (\$254.83)
3/10/2010	Wire 3/10/2010 1	SafeMeds Solutions	AR Collections Reimbursement (\$119,608.12)
3/11/2010	Wire 3111/2010 1	SafeMeds Solutions	AR Collections Reimbursement (\$79,048.43)
3/16/2010	61431	Pitney Bowes-INTERNAL USE ONLY	Exp Reimb by Safemeds (\$200.00)
3/18/2010	Wire 3 18 2010	SafeMeds Solutions	AR Collections Reimbursement (\$18,765.05)
3/19/2010	3/19/10 1	SafeMeds Solutions	AR Collections Reimbursement (\$70,769.02)
3/19/2010	3/19/2010 2	SafeMeds Solutions	AR Collections Reimbursement (\$8,501.96)
3/22/2010	312212010 1	Pitney Bowes-INTERNAL USE ONLY	Exp Reimb by Safemeds (\$1,000.00)
3/25/2010	61432	Arthur J Gallagher	Directors & Officers Insurance (\$17,150.00)
3/25/2010	3/25/2010 1	SafeMeds Solutions	AR Collections Reimbursement (\$11,779.14)
3/26/2010	3/26/2010 1	SafeMeds Solutions	AR Collections Reimbursement (\$109,566.40)
3/31/2010	3/31/2010 1	SafeMeds Solutions	AR Collections Reimbursement (\$46,418.59)
			<u>(\$607,866.75)</u>

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Mar 1 to Mar 31, 2010

Account Name: Prevalence Health Account Number: 0121078971
Asset Sale Mng

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description(Source)	Amount
3/31	Interest Revenue Py.net	\$ 854
Total Cash Receipts		\$ <u>854</u>

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Mar. 1 to Mar 31, 2010

Account Name: Freewalance No. 112 Account Number: 01210 78971
Asset Sale Acct

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

Total Cash Disbursements

5

*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Mar 1 to Mar 31, 2010

Account Name: Prevalence Health Account Number: 0101894579
DEP

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

Total Cash Receipts

\$ 0

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Mar 1 to Mar 31, 2010

Account Name: Prevalence Health Account Number: 0101894579
P-TP

CASH DISBURSEMENTS JOURNAL (attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
3/9/10	ACH	Regions	Bank Fee	20
Total Cash Disbursements				\$ <u>20</u>

*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period Mar 1 to Mar 31, 2010

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS			\$	\$	\$	\$

See Attached

Prevalence Health, LLC
Post Petition Accounts Payable
March 31, 2010

Vendor	Date	No.	Amount	Age	Open Balance	memo
Advocate Solutions	6/15/2010		289	\$664.00	120+	
Williams Montgomery & John Ltd.	6/15/2009	155576	289	\$2,749.36	120+	
Westwood Square, PISIP	6/12/2009		284	\$250.00	120+	
Hamilton Partners	6/12/2009		284	\$14,769.94	120+	
Avaya, Inc.	6/12/2009	2728939461	278	\$761.49	120+	
Wells Fargo Financial Leasing	6/13/2009	6745121525	274	\$298.03	120+	
Anda	7/11/2009	774707	273	(\$48.43)	120+	
Anda	7/11/2009	775310	273	(\$47.54)	120+	
Anda	7/2/2009	780875	272	(\$30.00)	120+	
Hamilton Partners	7/12/2009	090702-10786	272	\$2,080.33	120+	
Young Williams PA	7/7/2009	49592 Pre	267	\$1,011.50	120+	
ComEd- Commonwealth Edison	7/18/2009	6/8-7/8/09	266	\$479.16	120+	
Broward County Revenue Collector	7/14/2009	Local Business Tax Renewal	260	\$45.00	120+	
North Shore Gas	7/16/2009	6112-7114109	258	\$69.30	120+	
Toyota Financial Services	7/17/2009	4000250558	257	\$207.09	120+	
Hamilton Partners	7/17/2009	090717-10786	257	\$633.01	120+	
Westwood Square, PISIP	7/20/2009		254	\$250.00	120+	
Hamilton Partners	7/20/2009		254	\$14,769.94	120+	
Banc Of America Leasing	7/21/2009	011093620	253	\$326.50	120+	
Avaya, Inc.	7/26/2009	2729047343	248	\$761.48	120+	
North Shore Gas	7/30/2009	6/9-7/14/09	244	\$69.26	120+	
Journal	7/31/2009	854	243	(\$7,782.84)	120+	
Wells Fargo Financial Leasing	7/31/2009	6745159529	243	\$298.03	120+	
Aetna Maintenance, Inc.	8/11/2009	82761	242	\$500.32	120+	
ComEd- Commonwealth Edison	8/6/2009	718-816109	237	\$1,135.03	120+	
North Shore Gas	8/13/2009	7114-8/12/109	230	\$140.69	120+	
Westwood Square, PISIP	8/20/2009		223	\$250.00	120+	
Hamilton Partners	8/20/2009		223	\$14,769.94	120+	
Banc Of America Leasing	8/21/2009	011138583	222	\$291.50	120+	
Young Williams P.A.	8/24/2009	49592 Post - 1	219	\$74.75	120+	
Avaya, Inc.	8/26/2009	2729164647	217	\$761.48	120+	
Quill	8/28/2009	8951299	215	\$110.85	120+	
Wells Fargo Financial Leasing	8/31/2009	6745198232	212	\$298.03	120+	
Aetna Maintenance, Inc.	9/11/2009	92762	211	\$500.32	120+	
CT Corporation	9/1/2009	2004471657-00	211	\$1,620.00	120+	
Quill	9/3/2009	9080458	209	\$72.79	120+	
ComEd- Commonwealth Edison	9/4/2009	816-914109	208	\$1,608.16	120+	
North Shore Gas	9/16/2009	8112-9114109	196	\$70.44	120+	
Westwood Square, P/S/P	9/20/2009		192	\$250.00	120+	
Banc Of America Leasing	9/20/2009		192	\$291.50	120+	
Hamilton Partners	9/20/2009		192	\$14,769.94	120+	
Avaya, Inc.	9/26/2009	2729265177	186	\$761.48	120+	
Moore Wallace An RR Donnelley Co.	9/29/2009	873050230	183	\$134.50	120+	
Moore Wallace An RR Donnelley Co.	9/29/2009	169997267	183	\$1,313.09	120+	
Wells Fargo Financial Leasing	9/30/2009	6745237646	182	\$298.03	120+	
Avaya, Inc.	10/11/2009	2729282145	181	\$264.42	120+	
Aetna Maintenance, Inc.	10/1/2009	105711	181	\$500.32	120+	
ComEd- Commonwealth Edison	10/16/2009	914-1016109	176	\$2,051.14	120+	
North Shore Gas	10/14/2009	9114-10114109	168	\$287.75	120+	
Sun Microsystems Global Financial Services	10/15/2009	591219022 1911	167	(\$1,579.44)	120+	
Westwood Square, PISIP	10/20/2009		162	\$250.00	120+	
Machost Road LLC	10/20/2009		162	\$1,600.00	120+	
Hamilton Partners	10/20/2009		162	\$14,769.94	120+	
Banc Of America Leasing	10/21/2009	11226721	161	\$291.50	120+	
Wells Fargo Financial Leasing	10/30/2009	6745277684	152	\$298.03	120+	
City of Zachary	11/6/2009	02-00760402	145	\$9.81	120+	
Banc Of America Leasing	12/21/2009	011311429	100	\$91,350.92	120+ Total	
Securian Retirement Services	1/1/2010	01012010/03312010	89	\$343.00	90-120	
U.S. Trustee	1/7/2010	01072010	83	\$343.00	90-120 Total	
				\$571.00	60-90	
				\$6,500.00	60-90	
				\$7,071.00	60-90 Total	
				\$98,764.92	Grand Total	

Prevalence Health, LLC
Accrued Expenses - Month End Accruals
March 2010

<u>Description</u>	<u>Amount</u>
Misc Accrual	7,284.00
US Trustee Fee	2,200.00
2008 Audit & Tax Return	4,979.00
2008 FL operating expenses - Rent	134.00
ABC Interest Post	1,278.00
LA Script Fee	934.00
AR Collections Owed to SafeMeds Solutions	26,924.00
401k Admin Fees	<u>2,310.00</u>
Total Accrued Expenses	<u>46,043.00</u>
Balance per GL	<u>46,043.00</u>
Difference	_____

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period Mar 1 to Mar 31, 2010

ACCOUNTS RECEIVABLE AGING REPORT

See Attached

4/22/2010

**Prevalence Health, LLC
Accounts Receivable Summary
March 31,2010**

Receivable from:	Current	31-60	61-90	91 - 120	120+	Total
Insurance (Medicaid)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 283,292
Patients (Co-Pay)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 208,127
Total Accounts Rec	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 491,419
Estimated Reserve	-	-	-	-	-	349,773
Insurance	0.25%	0.25%	2.0%	5.0%	50.0%	349,773
Patients	25.0%	50.0%	100.0%	100.0%	100.0%	0.0%
AR per ScriptMed	\$ 491,419					
Deposits in NetSuite not Scriptmed	\$ (6,935)					
Not in Amount Due SafeMeds	\$ (32,684)					
Difference in MS Medicaid						
Rec Vs Posted						
Adjusted AR per ScriptMed	451,800					
AR per GL	<u>451,800</u>					
Difference						

Prevalence Health
AR Aging - 313112010

<u>Plan</u>	<u>Total</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>120+</u>
Aetna Part D- LA	36.00					36.00
Ameri Group- FL	261.00					261.00
American Prog Part D- FL	1,200.00					1,200.00
Community Care Part D- FL	2,112.00					2,112.00
Community Care Part D- LA	2,562.00					2,562.00
Coventry Part D- LA	113.00					113.00
Florida Medicaid	21,082.00					21,082.00
Florida Medicaid DME	48,959.00					48,959.00
Healthspring Part D- LA	1,974.00					1,974.00
Humana Part D- FL	3,945.00					3,945.00
Humana Part D- LA	579.00					579.00
Illinois Medicaid	9,999.00					9,999.00
Indiana Medicaid	927.00					927.00
Louisiana Medicaid	47,498.00					47,498.00
MS Blue Cross LA/MS	588.00					588.00
Medco Part D- FL	20.00					20.00
Medco Part D- LA	1,800.00					1,800.00
Member Health Part D- FL	1,843.00					1,843.00
Member Health Part D- LA	3,011.00					3,011.00
Marquette National Part D- FL	706.00					706.00
Marquette National Part D- LA	256.00					256.00
Mississippi Medicaid	16,055.00					16,055.00
Mississippi Med Supplies	66,470.00					66,470.00
NDC Part D- LA	31.00					31.00
Omnisys Medicare- IL	31,562.00					31,562.00
Pacificare Part D-FL	2,501.00					2,501.00
Pacificare Part D- LA	1,604.00					1,604.00
Pacificare Wrap Part D- LA	577.00					577.00
Amerigroup PCS- FL	1,306.00					1,306.00
POS Temp Payment Part D- LA	74.00					74.00
RX America Part D- LA	257.00					257.00
Silverscript Part D- LA	1,004.00					1,004.00
Tennessee Medicaid	1,519.00					1,519.00
United Healthcare- FL	156.00					156.00
Unicare Part D- FL	4,548.00					4,548.00
Unicare Part D- LA	136.00					136.00
Wellcare Healthease	2,125.00					2,125.00
Wellcare Part D- FL	3,355.00					3,355.00
Wellcare Part D- LA	541.00					541.00
Total	283,292.00					283,292.00

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period Mar 1 to Mar 31, 2010

INSURANCE SCHEDULE

- (1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

Prevalence Health, LLC

Reconciliation Summary - 1001 Regions

As of 3/31/2010

ID	Balance
Reconciled	
Cleared Deposits and Other Credits	511,582.81
Cleared Checks and Payments	(607,866.75)
Total - Reconciled	(96,283.94)
Last Reconciled Statement Balance - 2/28/2010	551,320.79
Current Reconciled Balance	455,036.85
Reconcile Statement Balance - 3/31/2010	455,036.85
Difference	0.00
Unreconciled	
Uncleared	
Checks and Payments	(4,979.11)
Total - Uncleared	(4,979.11)
Cleared	
Deposits and Other Credits	1,577.64
Total - Cleared	1,577.64
Total as of 3/31/2010	451,635.38
	<i>Mf < \$1.00</i>
	<i>6 451,584</i>

Prevalence Health, LLC
Reconciliation Detail - 1001 Regions
As of 3/31/2010

ID	Date	No.	Balance
Reconciled			
Cleared Deposits and Other Credits			
Deposit	3/1/2010		10,181.50
Deposit	3/2/2010		32,524.07
Deposit	3/3/2010		155.29
Deposit	3/3/2010		204.20
Deposit	3/3/2010		13.56
Deposit	3/4/2010		40.00
Deposit	3/4/2010		20,816.63
Deposit	3/4/2010		690.65
Deposit	3/4/2010		173.38
Deposit	3/4/2010		311.00
Deposit	3/4/2010		12,604.54
Deposit	3/5/2010		139.44
Deposit	3/5/2010		12,403.45
Deposit	3/8/2010		89.40
Deposit	3/8/2010		15,295.16
Deposit	3/9/2010		39.00
Deposit	3/9/2010		2,560.52
Deposit	3/9/2010		31,568.40
Deposit	3/10/2010		20.00
Deposit	3/11/2010		77.00
Deposit	3/11/2010		5,505.50
Deposit	3/11/2010		79,048.43
Deposit	3/12/2010		20,493.96
Deposit	3/15/2010		574.88
Deposit	3/15/2010		62.00
Deposit	3/15/2010		8,501.96
Deposit	3/16/2010		191.55
Deposit	3/16/2010		36,875.15
Deposit	3/16/2010		923.84
Deposit	3/17/2010		29.00
Deposit	3/18/2010		18,765.05
Deposit	3/18/2010		87.64
Deposit	3/18/2010		4,916.55
Deposit	3/18/2010		1,011.95
Deposit	3/19/2010		11,394.84
Deposit	3/19/2010		1,243.55
Deposit	3/22/2010		11,466.96
Deposit	3/23/2010		46,755.36
Deposit	3/24/2010		2,122.94
Deposit	3/25/2010		34,554.34
Deposit	3/25/2010		1,526.81
Deposit	3/25/2010		100.00
Deposit	3/25/2010		401.60
Deposit	3/25/2010		11,779.14
Deposit	3/26/2010		4.00
Deposit	3/26/2010		108.58
Deposit	3/26/2010		16,287.77
Deposit	3/26/2010		14,188.87
Deposit	3/29/2010		3.40
Deposit	3/29/2010		15,825.97
Deposit	3/31/2010		26,924.03
Total - Cleared Deposits and Other Credits			511,582.81

ID	Date	No.	Balance
Cleared Checks and Payments			
Check	3/2/2010	Wire 31212010	(67.64)
Check	3/4/2010	Wire 31412010	(113,429.57)
Check	3/8/2010	Wire 31812010 1	(200.00)
Check	3/8/2010	Wire 31812010 2	(4,608.00)
Check	3/8/2010	61430	(6,500.00)
Check	3/9/2010	Wire 31912010 1	(254.83)
Check	3/10/2010	Wire 311012010 1	(119,608.12)
Check	3/11/2010	Wire 311112010 1	(79,048.43)
Check	3/16/2010	61431	(200.00)
Check	3/18/2010	Wire 3 182010	(18,765.05)
Check	3/19/2010	3119110 1	(70,769.02)
Check	3/19/2010	311912010 2	(8,501.96)
Check	3/22/2010	312212010 1	(1,000.00)
Check	3/25/2010	3/25/2010 1	(11,779.14)
Bill Payment	3/25/2010	61432	(17,150.00)
Check	3/26/2010	312612010 1	(109,566.40)
Check	3/31/2010	3/31/2010 1	(46,418.59)
Total - Cleared Checks and Payments			(607,866.75)
Total - Reconciled			(96,283.94)
Last Reconciled Statement Balance - 212812010			551,320.79
Current Reconciled Balance			455,036.85
Reconcile Statement Balance - 313112010			455,036.85
Difference			0.00
Unreconciled			
Uncleared			
Checks and Payments			
Bill Payment	12/29/2008	60354	(500.00)
Bill Payment	1/5/2009	60429	(564.00)
Bill Payment	3/4/2009	60694	(658.40)
Bill Payment	3/9/2009	60704	(309.37)
Bill Payment	4/7/2009	60814	(300.00)
Check	5/22/2009	eft 05 22 09	(200.00)
Bill Payment	5/26/2009	61018	(54.00)
Bill Payment	6/5/2009	61061	(18.90)
Bill Payment	6/9/2009	61063	(770.00)
Bill Payment	11/23/2009	61424	(1,579.44)
Bill Payment	11/23/2009	61423	(25.00)
Total - Checks and Payments			(4,979.11)
Total - Uncleared			(4,979.11)
Cleared			
Deposits and Other Credits			
Journal	12/31/2007		1,577.64
Total - Deposits and Other Credits			1,577.64
Total - Cleared			1,577.64
Total as of 313112010			451,635.38



Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201



00044991 01 AV 0.335 001
PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

001	Cycle	27
	Enclosures	2
	Page	1 of 4

COMMERCIAL ANALYZED CHECKING

February 27, 2010 through March 31, 2010

SUMMARY

Beginning Balance	\$551,320.79	Minimum Balance	\$446,482
Deposits & Credits	\$511,582.81	+	
Withdrawals	\$583,961.92	-	
Fees	\$254.83	-	
Automatic Transfers	\$0.00	+	
Checks	\$23,650.00	-	
Ending Balance	\$455,036.85		

DEPOSITS & CREDITS

03/01	State of Ill Commercial 0006 Prevalence Ah6465176000554	10,181.50
03/02	Deposit - Thank You	32,524.07
03/03	Deposit - Thank You	204.20
03/03	Deposit - Thank You	13.56
03/03	Merchant Service Merch Dep Health Allianc 8003547554	155.29
03/04	Deposit - Thank You	20,816.63
03/04	Deposit - Thank You	311.00
03/04	Regions Bank Acct Trans MS364174656 Ccooley	12,604.54
03/04	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100227	690.65
03/04	State of Ill Commercial 0006 Prevalence Ah6505656002825	173.38
03/04	Merchant Service Merch Dep Health Allianc 8003547554	40.00
03/05	Memberhealth Cln Payment Tedsmeds.Recei 2302043	12,403.45
03/05	Merchant Service Merch Dep Health Allianc 8003547554	139.44
03/08	State of Ill Commercial 0006 Prevalence Ah6539286000612	15,295.16
03/08	Merchant Service Merch Dep Health Allianc 8003547554	89.40
03/09	Deposit - Thank You	31,568.40
03/09	Deposit - Thank You	2,560.52
03/09	Merchant Service Merch Dep Health Allianc 8003547554	39.00
03/10	Merchant Service Merch Dep Health Allianc 8003547554	20.00
03/11	Regions Bank Acct Trans MS364174656 Ccooley	79,048.43
03/11	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100306	5,505.50
03/11	Merchant Service Merch Dep Health Allianc 8003547554	77.00
03/12	Memberhealth Cln Payment Tedsmeds.Recei 2310471	20,493.96
03/15	Deposit - Thank You	574.88
03/15	State of Ill Commercial 0006 Prevalence Ah6653378001788	8,501.96
03/15	Merchant Service Merch Dep Health Allianc 8003547554	62.00
03/16	Deposit - Thank You	36,875.15
03/16	Deposit - Thank You	923.84
03/16	State of Ill Commercial 0006 Prevalence Ah6682741007848	191.55
03/17	Merchant Service Merch Dep Health Allianc 8003547554	29.00
03/18	Deposit - Thank You	4,916.55
03/18	Regions Bank Acct Trans MS364174656 Ccooley	18,765.05
03/18	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100313	1,011.95
03/18	Merchant Service Merch Dep Health Allianc 8003547554	87.64

**Regions Bank**

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle	001
Enclosures	27
Page	2
2 of 4	

DEPOSITS & CREDITS (CONTINUED)

03/19	Deposit - Thank You	1,243.55
03/19	Memberhealth Cln Payment Tedsmeds.Recei 2318925	11,394.84
03/22	State of III Commercial 0006Prevalence Ah6740802001982	11,466.96
03/23	Deposit - Thank You	46,755.36
03/24	Deposit - Thahk You	2,122.94
03/25	Deposit - Thank You	34,554.34
03/25	Deposit - Thank You	401.60
03/25	Regions Bank Acct Trans MS364174656 Ccooley	11,779.14
03/25	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100320	1,526.81
03/25	Merchant Service Merch Dep Health Allianc 8003547554	100.00
03/26	Deposit - Thank You	14,188.87
03/26	Deposit - Thank You	108.58
03/26	Memberhealth Cln Payment Tedsmeds.Recei 2327352	16,287.77
03/26	Merchant Service Merch Dep Health Allianc 8003547554	4.00
03/29	State of III Commercial 0006Prevalence Ah6866304000607	15,825.97
03/29	Merchant Service Merch Dep Health Allianc 8003547554	3.40
03/31	Deposit - Thank You	26,924.03

Total Deposits & Credits \$511,582.81

WITHDRAWALS

03/02	Merchant Service Merch Fee Health Allianc 8003547554	67.64
03/04	Regions Bank Acct Trans MS364174656 Ccooley	113,429.57
03/08	Netsuite Inc.. Payments 617326 Prevale 1379804	4,608.00
03/08	Pitney Bowes Postage Prevalence Hea 42906255	200.00
03/10	Regions Bank Acct Trans MS364174656 Ccooley	119,608.12
03/11	Regions Bank Acct Trans MS364174656 Ccooley	79,048.43
03/16	Pitney Bowes Postage Prevalence Hea 42906255	200.00
03/18	Regions Bank Acct Trans MS364174656 Ccooley	18,765.05
03/19	Regions Bank Acct Trans MS364174656 Ccooley	70,769.02
03/19	Regions Bank Acct Trans MS364174656 Ccooley	8,501.96
03/22	Pitney Bowes Postedge Bonnie Savoie 37968013	1,000.00
03/25	Regions Bank Acct Trans MS364174656 Ccooley	11,779.14
03/26	Regions Bank Acct Trans MS364174656 Ccooley	109,566.40
03/31	Regions Bank Acct Trans MS364174656 Ccooley	46,418.59

Total Withdrawals \$583,961.92

FEES

03/09	Analysis Charge	02-10	254.83
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A R I

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

001
Cycle 27
Enclosures 2
Page 3 of 4

CHECKS

Date	Check No.	Amount	Date	Check No.	Amount
03/08	61430	6,500.00	03/29	61432 *	17,150.00
				Total Checks	\$23,650.00

* Break In Check Number Sequence.

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
03/01	561,502.29	03/11	452,065.32	03/23	516,123.53
03/02	593,958.72	03/12	472,559.28	03/24	518,246.47
03/03	594,331.77	03/15	481,698.12	03/25	554,829.22
03/04	515,538.40	03/16	519,488.66	03/26	475,852.04
03/05	528,081.29	03/17	519,517.66	03/29	474,531.41
03/08	532,157.85	03/18	525,533.80	03/31	455,036.85
03/09	566,070.94	03/19	458,901.21		
03/10	446,482.82	03/22	469,368.17		

You may request account disclosures containing
terms, fees, and rate information (if applicable)
for your account by contacting any Regions office.

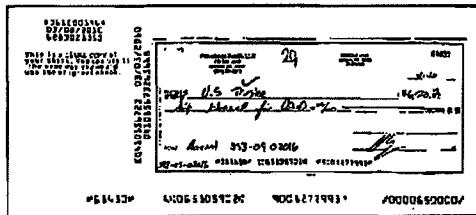
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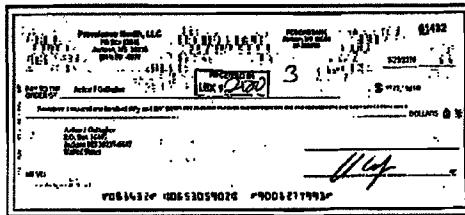
**Regions Bank**

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648

ACCOUNT # 9001277993**Page** 4 of 4

Check# 61430 03/08/2010 \$6500.00



Check# 61432 03/29/2010 \$17150.00



Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

00070443 01 AV 0.335 001

PREVALENCE HEALTH LLC
CHAPTER 11 DEBTOR IN POSSESSION
CASE NO#09-02016-EE
4270 ■ 55 N STE 102
JACKSON MS 39211-6394



ACCOUNT # 0101894579

Cycle	001
Enclosures	26
Page	0
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COMMERCIAL ANALYZED CHECKING

February 27, 2010 through March 31, 2010

SUMMARY

Beginning Balance	\$58.12	Minimum Balance	\$38
Deposits & Credits	\$0.00	+	
Withdrawals	\$0.00	-	
Fees	\$20.01	-	
Automatic Transfers	\$0.00	+	
Checks	\$0.00	-	
Ending Balance	\$38.11		

FEES

03/09	Analysis Charge	02-10	20.01
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DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
03/09	38.11				

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Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

00070475 01 AV 0.335 001
PREVALENCE HEALTH LLC
4270 ■ 55 N STE 102
JACKSON MS 39211-6394

1 - 2

ACCOUNT # 0121078971

Cycle	001
Enclosures	26
Page	0
	1 of 1

BUSINESS MONEY MARKET
February 27, 2010 through March 31, 2010

SUMMARY

Beginning Balance	\$936,221.58	Minimum Balance	\$936,221	
Deposits & Credits	\$0.00	+	Average Balance	\$936,221
Net Interest Earned	\$854.01	+	Annual Percentage Yield Earned	1.01%
Withdrawals	\$0.00	-	Interest This Period	\$854.01
Fees	\$0.00	-	Average Collected Balance	\$936,221.58
Automatic Transfers	\$0.00	+	2010 YTD Interest	\$2,546.11
Checks	\$0.00	-		
Ending Balance	\$937,075.59			

INTEREST

03/31	Interest Payment	854.01
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DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
03/31	937,075.59				

**AS A REMINDER, A CASH HANDLING FEE IS
IMPOSED ON ALL BUSINESS CHECKING AND
MONEY MARKET ACCOUNTS PER STATEMENT
CYCLE AS DETAILED BELOW:**

**CASH DEPOSIT FEE:
UP TO \$10,000: NO CHARGE
OVER \$10,000 (PER \$100): \$0.15**

For all your banking needs, please call 1-800-REGIONS (734-4667).
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45.52

5828.84